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| In RE a | pplication | of T. D | окі | | | | E S | Case Docket No.: TMI-103 | | | |
| Serial N | lo.: | 09/8 | 57,043 | 043 RADEMAN | | | MARKET | Group Art Unit: 3621 | | | |
| Filed: | | May | ay 31, 2001 | | | | | Examiner: C. L. Hew | | | tt, II |
| For: | SERVICE UTILIZATION ID NUMBER SETTLEMENT SYSTEM | | | | | | | | | | |
| Assistant Comissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | | | | | | | | | | | |
| Sir: | | | | | | | | | | | |
| Transmitted herewith is an Amendment in the above-identified application. | | | | | | | | | | | |
| | Small entity of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted. | | | | | | | | | | |
| | A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed. | | | | | | | | | | |
| | No additional fee is required. | | | | | | | | | | |
| The fee has been calculated as shown below: | | | | | | | | | | | |
| | OTHER THAN | | | | | | | | | | R THAN A |
| | (Col. 1) | | (Col. 2) (Col. 3) | | | | | L ENTITY | | SMAL | LENTITY |
| | Claims Remaining After | 91 10 10 10 10 10 10 10 10 10 10 10 10 10 1 | Highest No. Previously Paid For | ly Extra | | | Rate | Additional Fee | OR | Rate | Addditiona Fee |
| Total | Amendme * 3 | Minus | ** 17 | = | 0 | 1 | X 25 | \$ | | X 50 | \$ |
| Indep. | ** 3 | Minus | *** 5 | = | 0 | İ | X 100 | \$ | | X 200 | \$ |
| | | | | | | | X 180 | \$ | | X 360 | \$ |
| First presentation of Multiple Dependent Claims | | | | | | J | Total | \$ | OR | Total | \$0 |
| • | If the entry in Col. 1 is less than the entry in Col. 2, write "0" in col. 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write '20' in this space. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write '3' in this space. The 'Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed. | | | | | | | | | | |
| | Please charge my Deposit Account No. 50-1417 in the amount of \$ | | | | | | | | | | |
| | A Credit Card Payment Form in the amount of \$ is attached. | | | | | | | | | | |
| | The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayments to Deposit Account No. 50-1417. | | | | | | | | | | |
| | Any filing fees under 37 CFR 1.16 for the presentation of extra claims. | | | | | | | | | | |
| | Any patent application processing fees under 37 CFR 1.17. | | | | | | | | | | |
| | Any Extension of Time fees that are necessary, which are hereby requested if necessary. | | | | | | | | | | |

Mattingly, Stanger, Malur & Brundidge, P.C. 1800 Diagonal Road, Suite 370 Alexandria, Virginia 22312 Tel: (703) 684-1120 Fax: (703) 684-1157

Colin D. Barnitz, Reg. No. 35,061 Attorney for Applicant(s)

Date: July 13, 2007

JUL 1 3 2007

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Xppl. No. :

09/857,043

Confirmation No. 7787

Applicant

T. DOKI

Filed

May 31, 2001

Titled

SERVICE UTILIZATION ID NUMBER SETTLEMENT SYSTEM

TC/A.U.

3621

Examiner

C. L. Hewitt, II

Docket No.

TMI-103

Customer No.:

24956

Mail Stop: AF

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action of April 13, 2007, please amend the above-

identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper; and

Remarks begin on page 6 of this paper.